

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98-1699
1. Entity Name
Bainbridge Communities Victoria Pointe L.P.
1999-2001

Principal Place of Business **Mailing Address**

9/29/00

2. Principal Place of Business **3. Mailing Address**

12791 W Forest Hill Blvd 12791 W Forest Hill Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 5B Suite 5B

City & State **City & State**

Wellington, FL Wellington, FL

Zip **Country** **Zip** **Country**

33414 33414

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Bainbridge Holdings, Inc. Richard A. Schechter
2170 Polo Gardens Drive, #204 Street Address (P.O. Box Number is Not Acceptable)
Wellington, Florida 33414 12791 W. Forest Hill Blvd. #5B
City Wellington FL Zip Code 33414

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [Signature] 4/25/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions **10. Amount of Capital Contributions** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE**
as Shown on record. \$7500.00 in FLORIDA to date. 0 **SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000099336	STREET ADDRESS	
NAME	Bainbridge Holdings, Inc.	CITY-ST-ZIP	
STREET ADDRESS	12791 W Forest Hill Blvd #5B		
CITY-ST-ZIP	Wellington, FL 33414		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

REINSTATEMENT

2000 - 2001

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] Richard Schechter 4/25/01 (561) 793-8959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)